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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENTFORM B
For New Members, Candidates, and New EmployeesName: DANIEL P. "Danny" Lutz Daytime Telephone: _____

FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>WEST VIRGINIA</u>	<input type="checkbox"/> Check if Amendment
	District: <u>2ND</u>		
Candidates – Date of Election: <u>6 Nov 2018</u>		Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	<input type="checkbox"/> Period Covered: January 1, _____ to _____
(Office Use Only)			
A \$200 penalty shall be assessed against any individual who files more than 30 days late.			

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	
c. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	
d. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	
Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	
F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>
G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No DNF

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Daniel P. "Dan" Lutz, Jr.

Page 1 of 6

BLOCK A												BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income											
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												Indicate value of asset at close of the reporting period. If you produce an income and with a fair market value use a valuation method other than fair market value, please specify the method used.												If an asset was sold during the reporting period and is included in (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.												None.											
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												Indicate value of asset at close of the reporting period. If you produce an income and with a fair market value use a valuation method other than fair market value, please specify the method used.												If an asset was sold during the reporting period and is included in (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.												None.											
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.												For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, Interest, and Capital Gains , even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.											
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SCHEDULE C – EARNED INCOME

Name: Daniel F. "Danny" Lutz

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INCLUDE: List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for

Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<i>✓ Do Honors, speaking fees Salaries, etc</i>			
Main income source is			
Social Security			

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

* Column K is for liabilities held solely by your spouse or dependent child.

***FAMILY** is for liabilities held solely by your spouse or dependent child.

Creditor <i>No Liabilities Exceeding \$10,000</i>	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
			\$15,001-\$50,000							
			\$50,001-\$100,000							
			\$100,001-\$250,000							
			\$250,001-\$500,000							
			\$500,001-\$1,000,000							
			\$1,000,001-\$5,000,000							
			\$5,000,001-\$25,000,000							
			\$25,000,001-\$50,000,000							
			Over \$50,000,000							
			Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
CONSERVATION DISTRICT SUPERVISOR	EASTERN PANHANDLE CONSERVATION DISTRICT
EASTERN PANHANDLE	
CONSERVATION DISTRICT	

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: DANIEL P. "DANNY" LUTE JR Page 5 of 6

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Date	Parties to Agreement	Terms of Agreement
		<p><i>John</i></p>

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and **two** prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	
		Accounting Services

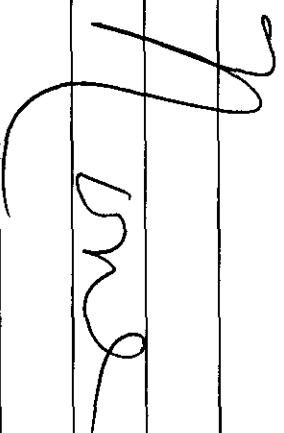
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**FILER NOTES
(Optional)**

Name: Daniel P. "Dan" Lutz Jr. Page 6 of 6

**NOTE
NUMBER**

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NOTE NUMBER	NOTES
	

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CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

LEGISLATIVE RESOURCE CENTER
U.S. HOUSE OF REPRESENTATIVES

18 OCT 24 PM 12:30

OCT 17 2018

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status: Dear Madam Clerk:

(Select One)

Over \$5,000
Threshold Not
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
of Candidacy

This is to notify you that under the laws of the state of _____, I withdrew my candidacy for the U.S. House of Representatives on _____.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type):

State: West Virginia

Date: 15 Oct 2018

District: 2nd

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601